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ATTENTION: Examiner Christopher Bruenjes
GROUP ART UNIT: 1772
FIRM/CO. NAME: United States Patent and Trademark Office
APPLICATION NO: 10/807,750
FAX NO: (703) 872-9306
FROM: Ashok K. Janah
DATE: November 24, 2004
OUR REFERENCE NO: 8020 C1 USA/AGS/IBSS/LAP

TOTAL NUMBER OF PAGES 18 (INCLUDING COVER PAGE)

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL: Christy

BUSINESS PHONE: (415) 538-1555 FACSIMILE NO: (415) 538-8380

MESSAGE:

Examiner,

Attached is an Amendment in response to the Office Action mailed on August 25, 2004, which is being timely filed within three months thereof.

Thank you,

Christy Hennigan

CONFIDENTIALITY NOTICE: The documents accompanying this facsimile transmission contain information that may be privileged or confidential. Do not disclose or discuss this information with anyone other than those identified above. Unauthorized disclosure is strictly prohibited. If you receive this facsimile in error, please notify us by telephone immediately.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Lin et al Application No: 10/807,750 Confirmation No: 6533 Filed: March 24, 2004 For: CHAMBER HAVING COMPONENTS WITH TEXTURED INTERNAL SURFACES AND METHOD OF MANUFACTURE	Group No: 1772 Examiner: Christopher P. Bruenjes Attorney Docket No: 006020 URA C01/AGS/IBSS/LAP Wednesday, November 24, 2004 San Francisco, CA 94107
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VIA FACSIMILE (703) 872-8306 Commissioner for Patents	Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136																	
Papers Enclosed <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Corrected Sheet of Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO 1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<table border="1"> <tr> <th rowspan="2">Extension (Months)</th> <th colspan="2">Extension Fee</th> </tr> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td>\$110.00</td> <td>\$55.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td>\$430.00</td> <td>\$215.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td>\$960.00</td> <td>\$490.00</td> </tr> <tr> <td colspan="3">Total \$ 0.00</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant believes that no extension of time is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.</p>	Extension (Months)	Extension Fee		Large Entity	Small Entity	<input type="checkbox"/> One Month	\$110.00	\$55.00	<input type="checkbox"/> Two Months	\$430.00	\$215.00	<input type="checkbox"/> Three Months	\$960.00	\$490.00	Total \$ 0.00		
Extension (Months)	Extension Fee																	
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<input type="checkbox"/> One Month	\$110.00	\$55.00																
<input type="checkbox"/> Two Months	\$430.00	\$215.00																
<input type="checkbox"/> Three Months	\$960.00	\$490.00																
Total \$ 0.00																		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	12	17	0	\$18.00	\$9.00	\$0.00
Independent Claims	2	4	0	\$86.00	\$44.00	\$0.00
Multiple Dependent Claims				\$300.00	\$150.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment <table border="1"> <tr> <td>Extension Fees</td> <td>\$0.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td>\$0.00</td> </tr> <tr> <td>Total</td> <td>\$0.00</td> </tr> </table>	Extension Fees	\$0.00	Fees for Extra Claims	\$0.00	Total	\$0.00	Fee Deficiency <input type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258. and/or <input type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. 10-0258.
Extension Fees	\$0.00						
Fees for Extra Claims	\$0.00						
Total	\$0.00						
<input checked="" type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$0.00. CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a) I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, on the date shown below, via Fax No. (703) 872-8306. By: <u>Christy Hennigan</u> Date: November 24, 2004	Please direct all calls to: Ashok K. Janah at (415) 638-1555. Please continue to send correspondence to: Janah & Associates, P.C. 600 Delancey Street Suite 106 San Francisco, CA 94107 Respectfully Submitted, By: <u>Ashok K. Janah</u> Date: November 24, 2004 Registration No. 37,487						

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